Amendment

Disclosure Report Cover

Use this form for general report and committee information, must be signed and submitted along with other detailed forms. Do not use this form to update information.

1. Committee In	nformatio	n							
a. Full Name									c. ID Number
COMMITTEE	TO ELEC	CT P	ATRICIA SYK	ES					
b. Mailing Addr	ess (includ	le Ci	ty, State and Ži	p Code)			2722 WHA	Les Maries Some	d. Date Filed
1002 FAIRLEY SOUTHPORT,									01/03/2016
	,								e. Phone Number
	•								(910) 457-6898
2. Report Year	3. Period	Star	rt Date (mm/dd/	yy)	4. Period	End Da	te (mm/dd/yy)	5. Treasur	er Full Name
2015		0	7/01/2015			12/31/2	2015	PATRICIA	A SYKES
6. Type of Comr		-			e of Repor	t (ci	heck only one	type of rep	ort from one category)
Candidate Can		Par	•	Munic			State/County		Referendum
Joint Fundrais	er	PA		몓	Organizatio		Organizati	onal	☐ Organizational
Referendum			gal Expense Fund		Thirty-five	•	Quarterly		Pre-referendum
7. Type of Fund		licab	le, check one)	<u> </u>	Pre-primar	-	First		Final
Booster Fund	1"			但	Pre-election	n .	Secon	d	Supplemental Final
Building Fund					Pre-runoff		Third		Annual
Presidential E				_	Semi-annua	-	☐ Fourtl	-	Special
NC Public Can	npaign Fina	ncing	grund	띧	Mid Ye		Semi-annu		
Other					Year E	nd	Mid Y		10. Special Report Name
				H	Final		Year I	End	
8. Number of Fu	Number of Fundraisers this Report				Special		Final		
	1						☐ Special		
3. Account Infor	mation			SINFAIR		3, Acc	ount informa	tion	
a. Financial Insti	itution Ful	I Na	me				ncial Instituti		e
CRESCOM BA	NK		<u> </u>						
b. Purpose			c. Account Cod	e		b. Purp	ose		c. Account Code
CAMPAIGN			SY	KES3					
			d. Period Begin	Balan	re				d. Period Begin Balance
			s						\$
Chapter 163 of funds. I further	ne Commit f the NC G	ener	al Statutes and his report is con	that no	funds are true and c	commir orrect a	igled with pro	hibited or o been traine	2A, 22B & 22D-22M of ther non-disclosed d by the NC State Board 01/03/2016 Date
FOR OFFICE US	EPALLY	5 6						-	
Date Receive Date Postman Date Scanned	rkedi d:	BRUI	N - 6 2016		Employ Employ	/ee: _	81/		very Method Normal Mail Registered Mail Hand Delivered Electronically Filed
Date Data En					Employ				Signer has not received mandatory training
Please Note	e: This for	m ca	annot be used t	o amen	d committe	e infor	nation such a	s the commi	tee address, treasurer,
	assi	istan	t treasurer, cus	todian (of books ir	formati	ion, or accour	nt in formatio	n.
Y			the Statement						

Amendment **Detailed Summary** ☐ Yes X No Use this form to summarize all disclosure reporting forms and to total monetary information 1. Committee Full Name (and Fund if applicable) 2. Type of Report 3. ID Number COMMITTEE TO ELECT PATRICIA SYKES 2015 Year End Semi-Annual Total this Total this Start of Election Cycle: January 1, 2013 Reporting Period **Election Cycle** 4) Cash on Hand at Start 2,199.95 \$ 1.562.69 RECEIPTS 5) Aggregated Contributions from Individuals (CRO-1205) 1,810.00 \$ 1,810.00 6) Contributions from Individuals (CRO-1210) 9,600.00 \$ 11,082.00 7) Contributions from Political Party Committees (CRO-1220) \$ \$ 0.00 0.00 8) Contributions from Other Political Committees (CRO-1230) 0.00 \$ 0.00 9) Loan Proceeds (CRO-1410) \$ 0.00 0.00 0) Refunds/Reimbursements to the Committee (CRO-1240) 0.00 \$ 0.00 1) Other Receipt Sources 11a) Interest on Bank Accounts (CRO-1250) \$ 0.00 25.00 11b) Contributions from Not-For-Profit Organizations (CRO-1250)0.00 \$ 0.00 11c) Outside Sources of Income (CRO-1250) \$ 0.00 \$ 0.00 11d) Legal Expense Fund - Other Sources (CRO-1270) 0.00 \$ 0.00 11e) Exempt Purchase Price Sales (CRO-1265) \$ \$ 0.00 0.00 2) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) 11,410.00 12,917.00 EXPENDITURES 3) Disbursements 13a) Operating Expenditures (CRO-1310) 5,910.29 \$ 6,780.03 13b) Contributions to Candidates/Political Committees (CRO-1310) \$ 0.00 0.00 13c) Coordinated Party Expenditures (CRO-1310) \$ 0.00 0.00 4) Aggregated Non-Media Expenditures (CRO-1315) \$ \$ 0.00 0.00 15) Loan Repayments (CRO-1420) \$ 0.00 0.00 16) Refunds/Reimbursements from the Committee (CRO-1320) \$ 0.00 0.00 7) In-Kind Contributions (CRO-1510) \$ 75.00 \$ 75.00 (8) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) \$ 5.985.29 6,855.03 9) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) 7,624.66 \$ 7,624.66 ADDITIONAL INFORMATION 20) Non-Monetary Gifts Given to Other Committees (CRO-1330) \$ 0.00 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430) 0.00 22) Debts and Obligations owed by the Committee (CRO-1610) 0.00 23) Debts and Obligations owed to the Committee (CRO-1620) \$ 0.00 24) Account Transfers Within the Committee (CRO-1720) 0.00 25) Administrative Support (CRO-1710) 0.00 0.00

26) Forgiven Loans

27) 48-Hour Notice Reports Sum

28) Contributions to be Refunded

(CRO-1440)

(CRO-2220)

(CRO-1215)

\$

0.00

0.00

0.00

0.00

0.00

0.00

\$

\$

Aggregated Contributions from Individuals Page 1 of 3

Amendment ☐ Yes 🛛 No

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committe	e Full Name (and	Fund if applicable)	s 110111 flidividuals of \$		Number	
COMMITT	EE TO ELECT P.	ATRICIA SYKES				
	tor Information					
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amou	nt
Add Remove	SYKES3	Check		11/21/2015	\$	50.00
Add Remove	SYKES3	Cash		11/21/2015	\$	30.00
Add Remove	SYKES3	Check		11/21/2015	\$	50.00
Add Remove	SYKES3	Check		10/29/2015	\$	25.00
Add Remove	SYKES3	Cash		11/21/2015	\$	50.00
Add Remove	SYKES3	Cash		11/21/2015	\$	50.00
Add Remove	SYKES3	Check		11/02/2015	\$	50.00
Add Remove	SYKES3	Cash		11/21/2015	\$	50.00
Add Remove	SYKES3	Cash		11/21/2015	\$	50.00
Add Remove	SYKES3	Check		11/12/2015	\$	50.00
Add Remove	SYKES3	Check		11/01/2015	\$	20.00
Add Remove	SYKES3	Check		10/31/2015	\$	50.00
Add Remove	SYKES3	Cash		11/21/2015	\$	30.00
Add Remove	SYKES3	Cash		11/21/2015	\$	40.00
Add Remove	SYKES3	Check		11/17/2015	\$	50.00
Add Remove	SYKES3	Check	Violi	11/21/2015	\$	50.00
Add Remove	SYKES3	Cash		11/21/2015	\$	10.00
Add Remove	SYKES3	Check	,	11/04/2015	\$	30.00
Add Remove	SYKES3	Cash		11/10/2015	\$	50.00
Add Remove	SYKES3	Cash		11/10/2015	\$	50.00
Add Remove	SYKES3	Check		11/30/2015	\$	25.00
Add Remove	SYKES3	Cash		11/21/2015	\$	40.00
Add Remove	SYKES3	Check		11/14/2015	\$	50.00
Total on	ly this Page			\$		\$950.00
	ALL CRO-120 st be on line 5 of De	5 Pages tailed Summary Page C	RO-1100)	\$		\$1,810.00
RO-1205			State Board of Elections	The state of the s	_	April 2001

Aggregated Contributions from Individuals Page 2 of 3

Amendment

☐ Yes ☒ No

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committe	e Full Name (and	Fund if applicable)	From Individuals of \$		D Number	
COMMITT	EE TO ELECT P.	ATRICIA SYKES				
3. Contribut	or Information					
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyy	y) f. Amo	unt
☐ Add ☐ Remove	SYKES3	Cash		11/21/2015	\$	25.00
☐ Add ☐ Remove	SYKES3	Check		11/17/2015	\$	25.00
☐ Add ☐ Remove	SYKES3	Cash		11/21/2015	\$	20.00
☐ Add ☐ Remove	SYKES3	Check		10/26/2015	\$	50.00
☐ Add ☐ Remove	SYKES3	Cash		11/21/2015	\$	20.00
Add Remove	SYKES3	Cash		11/21/2015	\$	40.00
Add Remove	SYKES3	Cash		11/21/2015	\$	30.00
Add Remove	SYKES3	Check		12/07/2015	\$	50.00
Add Remove	SYKES3	Check		11/09/2015	\$	25.00
Add Remove	SYKES3	Cash		11/21/2015	\$	30.00
Add Remove	SYKES3	Cash		11/18/2015	\$	50.00
Add Remove	SYKES3	Cash		11/18/2015	\$	50.00
Add Remove	SYKES3	Check		11/21/2015	\$	25.00
Add Remove	SYKES3	Check		11/03/2015	\$	15.00
Add Remove	SYKES3	Check		11/15/2015	\$	40.00
Add Remove	SYKES3	Check		11/02/2015	\$	30.00
Add Remove	SYKES3	Check		11/21/2015	\$	50.00
Add Remove	SYKES3	Cash		11/21/2015	\$	40.00
Add Remove	SYKES3	Cash		11/21/2015	\$	30.00
Add Remove	SYKES3	Check		11/06/2015	\$	15.00
Add Remove	SYKES3	Cash		12/09/2015	\$	40.00
Add Remove	SYKES3	Check		11/02/2015	\$	50.00
Add Remove	SYKES3	Cash		11/29/2015	\$	25.00
	y this Page			\$		\$775.00
	ALL CRO-120)5 Pages tailed Summary Page C	PO 1100)	\$		\$1,810.00
RO-1205	si de un tine d'uj De	The state of the s	State Board of Elections			April 2007

		outions from I	ndividuals Page From Individuals of \$		3	Ameno Ye	
		Fund if applicable)	Intermedia and the second		2. ID !	Vumber	
COMMITT	EE TO ELECT P	ATRICIA SYKES					
3. Contribut	tor Information						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd	l/yyyy)	f. Amo	unt
☐ Add ☐ Remove	SYKES3	Cash		11/21/20		\$	20.00
☐ Add ☐ Remove	SYKES3	Check		11/13/201	15	\$	45.00
☐ Add ☐ Remove	SYKES3	Cash		11/21/201	15	\$	20.00
4. Total or	nly this Page				\$		\$85.00
	ALL CRO-12 ust be on line 5 of D	05 Pages etailed Summary Page	CRO-1100)		\$		\$1,810.00
CRO-1205			C State Board of Elections				April 2007

		rom Individua			Pg 1 of 19	<u> </u>	Amenda Yes	No No
L Cou	mmittee Full Nam	e (and Fund if applica	ns over \$50 or o	contribution	s under \$50 if form CRO	2000	10.	
		ECT PATRICIA SYN			RESIDENCE OF STREET	2.	iD Numb	er
_	ntributor Informat Name, Mailing Ac				Remove		The State of the S	
	lude city, state, & :				e/Profession	d. (Comment	8
	BERLY ADAMS	р,		-NEWS RI	EPORTER			
	ROBERT RUAR	K DRIVE		c. Employe	r's Name/Specific Field	1		
	THPORT, NC 28			STATE P	PORT PILOT			
(910)	457-6864					e. I	lection S	um to Date
						\$		200.0
f. Prio	r g. Account Code	h. Form of Payment	i. In-Kind De	<u> </u>	j. Date (mm/dd/yyyy		k. Amou	nt
	SYKES3	Check			11/18/2015	-		
					11/16/2013		\$	200.0
							\$	
							\$	
	tributor Informati			Add 🗆	Remove			
	Name, Mailing Ad			b. Job Title	/Profession	d. C	omment	9
	ude city, state, & z	ip)		RETIRED	•			
	ERT BALL BLUFF DRIVE			e Employe	r's Name/Specific Field	-		
	LOTTE, NC 284	70		UNKNOV		1		
	754-2729	, ,		UNKNOV	N IN	e. E	lection Se	um to Date
				1		\$		100.0
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	crintian	j. Date (mm/dd/yyyy		k. Amoui	
	SYKES3	Check		· · · · p·····	10/27/2015	-		
_					10/2//2013	_	\$	100.0
							\$	
		1-19 111					\$	
	ributor Informati			1007715	Remove			
	Name, Mailing Adduction of the court of the			b. Job Title	/Profession	d. C	om ments	
	IAS BRENDLE			PILOT				
	HORE DRIVE			c. Employer	's Name/Specific Field			
	HPORT, NC 284	61			AR PILOTS			
						e. Đ	ection Su	m to Date
						\$		500.00
Prior		h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amoun	t
	SYKES3	Check			11/14/2015		\$	500.00
							\$	- 22 H-
							\$	3333 -2
Tota	al only this Pag	ge Harris Bass Time				\$		800.00
	al of ALL CRO	D-1210 Pages of Detailed Summary i	Pana CDA 1100			\$		9,600.00
RO-12		J =vu Gammuly I		ard of Election	IN STATE OF THE ST			April 200

April 2007

Use in	is form to report in	naividuai commoutio	13 0 vei \$50 01 c	contributions	under \$50 if form CRO	1205 i	s not used
1. Com	imittee Full Name	e (and Fund if applica	ble)		RESIDENT TO THE	200000000000000000000000000000000000000	Number
		ECT PATRICIA SYK	ES				
	tributor Informat				Remove		
	Name, Mailing Adude city, state, & z				/Profession	d. Co	omments
	N BRITTAIN	(10)		SECURIT	Y		
	ROBERT RUARI	K DRIVE		c. Employe	r's Name/Specific Field	-	
	THPORT, NC 284			DUKE EN			
						e. De	ection Sum to Date
						\$	100.00
		h. Form of Payment	i. In-Kind Des	scription	j. Date (mm/dd/yyyy	0 k	c. Amount
	SYKES3	Check			11/16/2015		\$ 100.00
							\$
							\$
	ributor Informati			The second secon	Remove		
	Name, Mailing Ado ide city, state, & z			b. Job Title/	Profession	d. Co	mments
	ARA BRONNEC			RETIRED			
	AKA BRONNEC ASTLEBROOK			c. Employer	's Name/Specific Field	-	
	N ISLE BEACH,			ADM ASS			
						e. He	ction Sum to Date
4 -	THE STREET					\$	130.00
		h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy) k	. Amount
	SYKES3	Check			11/16/2015		\$ 130.00
							\$
						9	ß
	ibutor Informationalicane, Mailing Add			- 12 MIT	Remove		
	ame, Mailing Add de city, state, & zi			b. Job Title/I	Profession	d. Co	m m e n ts
	CAMPBELL	P7		RETIRED			
	OBERT RUARK			c. Employer'	's Name/Specific Field		
	(DODT NO ODA	61			a milannii		
SOUTH	IPORT, NC 2846	01		PROGRES	SENGERY	24	
SOUTH		01		PROGRES	SENGERY	-	ction Sum to Date
SOUTH (910) 45	57-9732					\$	100.00
SOUTH (910) 45	57-9732 g. Account Code	h. Form of Payment	i. In-Kind Desc		j. Date (mm/dd/yyyy)	\$	
SOUTH (910) 45	57-9732		i. In-Kind Desc			\$	100.00 Amount
Prior g	57-9732 g. Account Code	h. Form of Payment	i. In-Kind Desc		j. Date (mm/dd/yyyy)	\$ k.	100.00 Amount 100.00
Prior g	g. Account Code SYKES3	h. Form of Payment Check	i. In-Kind Desc		j. Date (mm/dd/yyyy)	\$ k.	100.00 Amount 100.00
Prior g	57-9732 g. Account Code	h. Form of Payment Check	i. In-Kind Des		j. Date (mm/dd/yyyy)	\$ k. \$	100.00 Amount 100.00

		rom Individual			Pg 3 of 19)	Amend Yes	s 🔯 No
Use th	is form to report i	ndividual contribution	is over \$50 or o	contributions	under \$50 if form CRO	1205	is not u	ısed
		e (and Fund if applicat				2.1	D Num	ber
COM	MITTEE TO ELI	ECT PATRICIA SYK	ES					
	tributor Informat			Add 🔲	Remove	NAME OF		
	Name, Mailing Ac			b. Job Title	/Profession	d. C	ommer	ıts
	ude city, state, &	zip)		RETIRED				
	D CANADY ROBERT RUAR	Z DDIVE		o Danleye	r's Name/Specific Field	4		
	HPORT, NC 28					4		
, 500,	111 OK1, NC 20	401			ARTMENT OF ORTATION	e. E	ection	Sum to Date
				1		\$		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind De		It D. 4. ((11)			100.00
X	SYKES3	Check	III-IGIIG De	acii pii uii	j. Date (mm/dd/yyyy	,	k. Amo	unt
М	STRESS				10/24/2014		\$	50.00
	SYKES3	Check			11/03/2015		\$	50.00
							\$	
	ributor Informati			Add 🔲 I	Remove	Lie S	507	
	Name, Mailing Ad			b. Job Title/	Profession	d. C	om m e n	ts
	ide city, state, & z	ip)		RETIRED				
	R CASH	· ·		a Employer	In Name 10 10 17 11	-		
	V. YACHT DRIV SLAND, NC 284				's Name/Specific Field	-		
	201-1194	1 05		PHARMA	CIST	e. El	ection 5	Sum to Date
` ,						\$		120.00
f Prior	a Account Code	h. Form of Payment	L. L. 121 . LD					130.00
	SYKES3	Check	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amoi	ınt
	OTKESS				10/30/2015		\$	130.00
							\$	
							\$	
	ributor Informati				lemove	10/10		
	ame, Mailing Add de city, state, & z			b. Job Title/l	Profession	d. C	mmen	ts
	EN COMBS	· · · · · · · · · · · · · · · · · · ·		RETIRED				
	HIPMAST WAY			c. Employer'	s Name/Specific Field			
SOUTI	IPORT, NC 284	61		IT	***************************************			
						e. El	ection S	um to Date
						\$		500.00
Prior	g. Account Code		i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	k	. Amou	nt
	SYKES3	Check			07/31/2015		\$	250.00
	SYKES3	Check			10/08/2015		\$	250.00
							\$	**
	l only this Pag			kquine.		\$	- p-ann	680.00
	l of ALL CRC	D-1210 Pages of Detailed Summary Po	age CRO-1100)			\$		9,600.00

Amendment

		rom Individual		21	Pg 4 of 19		endment Yes 🔯 No
i. Cor	ns form to report a	ndividual contribution e (and Fund if applicat	is over 500 or c	ontributions	s under \$50 if form CRO	100000000000000000000000000000000000000	
		ECT PATRICIA SYK				2. ID No	ımber
3 Con	itributor Informat	Han	-	וין ננג ד			
	Name, Mailing Ad			Livery Lauren	Remove Profession	Ta Comm	
	lude city, state, & z			TEACHE		d. Comn	nents
	THIA DISHMAN			TEACHE	K		
	WEST BROWN			c. Employe	r's Name/Specific Field		
SOUT	THPORT, NC 284	461		BRUNSW	VICK COUNTY		
				SCHOOL	S	e. Decti	on Sum to Date
				1.2 ²		\$	150.00
f. Prior		h. Form of Payment	i. In-Kind Des	scription	j. Date (mm/dd/yyyy) k. Aı	mount
	SYKES3	Check			11/01/2015	\$	150.00
						\$	
						\$	
	tributor Informati			Add 🗆	Remove	Ennethin	
	Name, Mailing Add		PARM	b. Job Title	Market Barrier Control of the Contro	d. Comm	ents
	ude city, state, & z	ip)		LAWYER			
	CASLEY						
	AIRPORT ROAD				r's Name/Specific Field		
30011	HPORT, NC 284	·61		WATTS &	EASLEY PLLC	a Mactic	on Sum to Date
						-	
						\$	500.00
f. Prior		h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	k. An	nount
	SYKES3	Check			11/11/2015	\$	250.00
						\$	
						\$	***
	ributor Informatio				Remove		Approximate the property of
	Name, Mailing Add			b. Job Title/	Profession	d. Comm	ents
	ende city, state, & zi	(p)		RETIRED			
	EDGERTON CEAN RIDGE PA	DVWAV		c Employer	's Name/Specific Field		
	N ISLE BEACH,			MANAGE			
	75-5317	110 2040)		MANAGE	K	e. Electio	n Sum to Date
						\$	100.00
. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	orintian	j. Date (mm/dd/yyyy)	L	
	SYKES3	Check	III IIII IIII IIII	.iiption	11/12/2015	k. Am	100.00
						\$	
				ala ala		\$	
	al only this Pag	Je.				\$	500.00
	of ALL CRO					D .	300.00
		5-1210 1 ages 6 of Detailed Summary P	Page CRO-1100)			\$	9,600.00

		om Individua			Pg _ 5 of _ 19	9	Amendi Yes	X No
1. Com	mittee Full Name	and Fund if applica	ns over \$50 or c	ontributions	s under \$50 if form CRO	No. of the last	arrive -	
		CT PATRICIA SYK				2.11	Numb	er
3 Cont	tributor Informatio			A 4 4 1 1 1 1	n.			
	Name, Mailing Add			417	Remove /Profession	la c		
	ude city, state, & zi			BOOKKE		a. C.	ommen	ts -
PATR	ICIA EVANS			BOOKKE	LFLR			
	UVER ROAD			c. Employe	r's Name/Specific Field			
SOUT	HPORT, NC 2846	51		SOUTHP	ORT ELECTRIC			
						e. 13	ection 8	um to Date
						\$		250.00
f. Prior		h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy) k	. Amou	nt
	SYKES3	Check			11/21/2015		\$	250.00
							s	
						-	\$	
							Þ	
	ributor Information iame, Mailing Addr		<u> </u>		Remove			
	de city, state, & zip			b. Job Title.		d. Co	mment	8
	EY FULLWOOD	*		SELF EMI	PLOYED			
	DAR GROVE RO	AD		c. Employer	r's Name/Specific Field			
SUPPL	Y, NC 28462				OD'S CONCRETE			
(910) 2	79-7450					e. Ele	ction S	um to Date
						\$		300.00
. Prior	g. Account Code h	. Form of Payment	i. In-Kind Des	L cription	j. Date (mm/dd/yyyy)	Amou	nt
	SYKES3	Check			11/20/2015	9		300.00
				1946		9	3	
						9	3	
. Contr	ibutor Information			Add 🗖 I	Remove		STORES!	
	ame, Mailing Addr		173.5	b. Job Title/		d. Co	m m e n ts	
	de city, state, & zip				OF FOUNDATION			
	GORE	***		OF BC CO	MMUNITY CO			
	ORELINE DRIVE T BEACH, NC 28				's Name/Specific Field			
ONSE	i beach, NC 26	9400		COLLEGE	ICK COMMUNITY	e. De	ction Sa	m to Date
				COLLEGE				
Prior	g. Account Code h	. Form of Payment			7	\$		300.00
	SYKES3	Check	i. In-Kind Desc	ription	j. Date (mm/dd/yyyy)	k.	Amour	it .
	OTKESS				11/30/2015	\$		300.00
						\$		
						\$		
	only this Page					\$		850.00
	l of ALL CRO- ne must be on line 6 o	1210 Pages f Detailed Summary P	Page CRO-1100)			\$		9,600.00
RO-121	10	-	NC State Boa	rd of Election	ne e	-	-	April 2007

April 2007

				ontributions	s under \$50 if form CRC	and the later of t		
		e (and Fund if applicat ECT PATRICIA SYK)				2. [[) Numb	er
			E5					
	tributor Informati				Remove			
V- 1	Name, Mailing Ad- lude city, state, & z				e/Profession	d. Co	omment	S
	ARD GUTKNECI			RETIRED	- VOLUNTEER			
	IIGHGATE PLAC			c. Employe	r's Name/Specific Field	-		
	AN ISLE BEACH,				VICK CO SHERIFF'S			
				OFFICE		e. De	ection S	um to Date
						\$		65.00
f. Prior		h. Form of Payment	i. In-Kind Des	scription	j. Date (mm/dd/yyyy	y) k	k. Amou	nt
	SYKES3	Check			11/02/2015		\$	65.00
							\$	2
							\$	
	tributor Informati			Add 🗆	Remove			Sale seta
	Name, Mailing Add			- A	/Profession	d. Co	om ments	
	ude city, state, & zi	ip)		RETIRED				
	CY HOLDEN UTHPORT SUPP	7 1 20 A D						
03 30.	LIBERTON COLUMN			- Employe	de Name/Crecific kield			
		'LY KUAD			r's Name/Specific Field	-		
	LY, NC 28462	LY ROAD		c. Employed UNK	r's Name/Specific Field	e. He	ection Su	ım to Date
		LY ROAD			r's Name/Specific Field	e. De	ection Su	
SUPPI		h. Form of Payment	i. In-Kind Des	UNK		\$	ection Su	100.00
SUPPL	LY, NC 28462		i. In-Kind Des	UNK	j. Date (mm/dd/yyyy	\$ k	. Amour	100.00
SUPPI	g. Account Code SYKES3	h. Form of Payment Check	i. In-Kind Des	UNK		\$ k		100.00
SUPPI	g. Account Code	h. Form of Payment	i. In-Kind Des	UNK	j. Date (mm/dd/yyyy	\$ k	. Amour	100.00 at 50.00
SUPPI	g. Account Code SYKES3 SYKES3	h. Form of Payment Check Cash	i. In-Kind Des	UNK	j. Date (mm/dd/yyyy 11/06/2015	\$ k	s. Amour	100.00 at 50.00
SUPPI	g. Account Code SYKES3 SYKES3	h. Form of Payment Check Cash		UNK cription	j. Date (mm/dd/yyyy 11/06/2015 11/21/2015 Remove	\$ k	s. Amoun \$	100.00
F. Prior G. Conto	g. Account Code SYKES3 SYKES3 SYKES3	h. Form of Payment Check Cash on		UNK cription Add	j. Date (mm/dd/yyyy 11/06/2015 11/21/2015 Remove	\$ S S	s. Amoun \$	100.00 50.00
F. Prior G. Prior G. Conto Full N (inclu	g. Account Code SYKES3 SYKES3 SYKES3 Aributor Information	h. Form of Payment Check Cash on		UNK cription	j. Date (mm/dd/yyyy 11/06/2015 11/21/2015 Remove	\$ S S	s. Amoun \$ \$	100.00 50.00
SUPPI	g. Account Code SYKES3 SYKES3 SYKES3 Aributor Information Name, Mailing Addude city, state, & zi RT HOWARD	h. Form of Payment Check Cash on liress & Phone		Add	j. Date (mm/dd/yyyy 11/06/2015 11/21/2015 Remove //Profession	\$ S S	s. Amoun \$ \$	100.00 50.00
SUPPI C. Prior C. Contin. Full N (inclu ROBEI 114 N PO BO	g. Account Code SYKES3 SYKES3 SYKES3 SYKES3 Aniibutor Information Name, Mailing Addude city, state, & zi RT HOWARD ATLANTIC AVE DX 11102	h. Form of Payment Check Cash on Iress & Phone ip)		Add	j. Date (mm/dd/yyyy 11/06/2015 11/21/2015 Remove	\$ S S	s. Amoun \$ \$	100.00 50.00
SUPPI C. Prior C. Contin. Full N (inclu ROBEI 114 N PO BO	g. Account Code SYKES3 SYKES3 SYKES3 SYKES3 Ame, Mailing Addude city, state, & zi RT HOWARD ATLANTIC AVE	h. Form of Payment Check Cash on Iress & Phone ip)		Add	j. Date (mm/dd/yyyy 11/06/2015 11/21/2015 Remove /Profession	\$ 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	S \$ \$ \$ \$ \$	100.00 50.00
SUPPI C. Prior C. Continue (inclue) ROBER 114 N APO BO SOUTH	g. Account Code SYKES3 SYKES3 SYKES3 SYKES3 And Code of the Code o	h. Form of Payment Check Cash on Iress & Phone ip)		Add	j. Date (mm/dd/yyyy 11/06/2015 11/21/2015 Remove /Profession	\$ 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	S \$ \$ \$ \$ \$	100.00 50.00
SUPPI C. Prior C. Continue (inclue) ROBER 114 N APO BO SOUTH	g. Account Code SYKES3 SYKES3 SYKES3 SYKES3 And Code of the Code o	h. Form of Payment Check Cash on livess & Phone lip) ENUE 61		Add	j. Date (mm/dd/yyyy 11/06/2015 11/21/2015 Remove /Profession	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	S \$ \$ \$ \$ \$	100.00 50.00 50.00 250.00
SUPPI C. Prior C. Continue (inclue) ROBER 114 N APO BO SOUTH	g. Account Code SYKES3 SYKES3 SYKES3 SYKES3 And Code of the Code o	h. Form of Payment Check Cash on Iress & Phone ip)		Add	j. Date (mm/dd/yyyy 11/06/2015 11/21/2015 Remove //Profession -'s Name/Specific Field SOUTHPORT	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	S S Semments	100.00 50.00 50.00 100.00
SUPPI C. Prior C. Full N (inclu ROBEI 114 N PO BO SOUTH	g. Account Code SYKES3 SYKES3 SYKES3 SYKES3 Aributor Information Name, Mailing Addude city, state, & zi RT HOWARD ATLANTIC AVE DX 11102 HPORT, NC 2846	h. Form of Payment Check Cash on livess & Phone lip) ENUE 61		Add	j. Date (mm/dd/yyyy 11/06/2015 11/21/2015 Remove /Profession 's Name/Specific Field SOUTHPORT j. Date (mm/dd/yyyy)	S	S S S ction Su Amoun	100.00 50.00 50.00 100.00
SUPPI C. Prior C. Continue (inclue) ROBER 114 N APO BO SOUTH	g. Account Code SYKES3 SYKES3 SYKES3 SYKES3 Aributor Information Name, Mailing Addude city, state, & zi RT HOWARD ATLANTIC AVE DX 11102 HPORT, NC 2846	h. Form of Payment Check Cash on livess & Phone lip) ENUE 61		Add	j. Date (mm/dd/yyyy 11/06/2015 11/21/2015 Remove /Profession 's Name/Specific Field SOUTHPORT j. Date (mm/dd/yyyy)	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	S. Amounts ction Su . Amoun	100.00 50.00 50.00 250.00

5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

		rom Individual			Pg	7 of 19)	Amend Ye	s X No
		individual contributior e (and Fund if applical		ontribut	ions ur	nder \$50 if form CRO	100	NAME OF TAXABLE PARTY.	
-		ECT PATRICIA SYK		(a) 101V			Z.	ID Num	iber
3 Con	tributor Informati			. 11	F4 D.				
<u> </u>	itributor Informati Name, Mailing Ad		<u> </u>		ACCOUNT OF THE PARTY OF THE PAR	emove rofession	I _d	Comme	State of the state
	lude city, state, & z			RETIR		010381011	u.	Comme	nts
	UCIA HUGHES								
	CEAN GREENS					Name/Specific Field			
	VELL BEACH, N 278-5450	C 28465		ADM	ASSIS	ST	e.	Mection	Sum to Date
(>,	2100100						-		
€ Prior	a Account Code	h. Form of Payment	i. in-Kind Des	- tion		1	\$		300.00
	SYKES3	Check	I. In-Minu Des	cripiton		j. Date (mm/dd/yyyy)	k. Amo	
<u> </u>	UTREES				53	10/28/2015		\$	200.00
								\$	
0								\$	
	tributor Informati			Add	Re	move	See A		
	Name, Mailing Add			b. Job T	AMERICA	ofession	d. (Comme	nts
	ude city, state, & z	ip)		SELF E	EMPLO	OYED	T		
	JOHNSON 17 NORTH			· Fmpl	osarig l	Name/Specific Field	-		
	LY, NC 284					MOBILE HOME	-		
	754-3199			SERVI		TODILE HOME	e.	Dection	Sum to Date
							\$		100.00
. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	cription		j. Date (mm/dd/yyyy)	 	k. Amo	
	SYKES3	Cash		•		12/08/2015		\$	50.00
	SYKES3	Cash		370 W		12/09/2015		\$	50.00
								\$	
3. Conti	ributor Informatio	on		Add [Rei	nove			
	Name, Mailing Add			b. Job Ti	A Francisco		d. C	Commen	its
	ide city, state, & zi	ip)		RETIRE	ED				
	K KELLY NORSEMAN LO	ООР		c. Emple	over's f	Name/Specific Field	-		
	HPORT, NC 2846					RCEMENT	1		
							e. F	lection !	Sum to Date
							\$		130.00
. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	ription		j. Date (mm/dd/yyyy)		k. Amo	unt
	SYKES3	Check				11/21/2015		\$	130.00
								\$	
			H-1					\$	
. Tota	only this Pag	ge		1907			\$		430.00
. Tota	of ALL CRC	O-1210 Pages							
(This li	ne must be on line (6 of Detailed Summary P	Page CRO-1100)				\$		9,600.00

Use th	is form to report i	ndividual contribution	is over \$50 or c	ontribution	s under \$50 if form CRO	-	and the same of th	
		e (and Fund If applicat ECT PATRICIA SYK		- Company	100 may 100 A 200 May 100 May	12.	ID Numb	ær
			E-S					
	tributor Informat			Add 🗖				GOERAL SE
	Name, Mailing Ad				e/Profession	d. (Commen	ts
	lude city, state, & z	21p)		RETIREC	O MAYOR			
	KINNEY SHORE DRIVE			c. Employe	er's Name/Specific Field	-		
	THPORT, NC 284	461			BOILING SPRING			
				LAKES	Boiling Strain,	e. I	lection !	Sum to Date
						\$		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyy)	v)	k. Amou	
	SYKES3	Check			12/07/2015	,	\$	100.00
							\$	
							\$	
	tributor Informati			4303	Remove	200		
	Name, Mailing Ad			b. Job Title	e/Profession	d. (Commen	ts
	ude city, state, & z	(ip)		RETIRED				
	NIE KOPP AMILTON DRIV	/E QE		c. Employe	r's Name/Specific Field			
	VIA, NC 28422	ESE		KOPPS S				
				KOITUU	TORL	e. E	lection 8	Sum to Date
						\$		250.00
. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	<u>Cription</u>	j. Date (mm/dd/yyyy	1.	k. Amou	
	SYKES3	Check			10/30/2015		\$	250.00
							\$	
							\$	
	ributor Informati			Add 🗖	Remove			
	Name, Mailing Ado			b. Job Title	/Profession	d. C	omment	is
	ide city, state, & z	ip)		BUSINES	S OWNER			
	Y LEONARD OX 775			- Employer	r's Name/Specific Field	-		
	DX 775 SLAND, NC 284	165		CRANE S		+		
	78-5839	103		CRAINE S	ERVICE	e. E	ection S	um to Date
						\$		200.00
. Prior	a Account Code	h. Form of Payment	i. In-Kind Desc	-1-41	11 15 14 14 14 14 14 14 14 14 14 14 14 14 14			
	SYKES3	Check	1. In-King Des	eription	j. Date (mm/dd/yyyy)	k. Amou	
	STREES				12/05/2015		\$	100.00
							\$	
							\$	
	al only this Pag							450.00

5. Total of ALL CRO-1210 Pages

	AGREE	rom Individual	-		Pg 9 of 19	_	☐ Yes	
				ontributions	under \$50 if form CRO	-		
		e (and Fund if applicat				2.1	ID Numb	er
COMIN	MITTEE TO ELE	ECT PATRICIA SYK	ES					
3. Cont	ributor Informat	ion		Add 🗆	Remove	GE ST		
	Name, Mailing Ad			b. Job litle	/Profession	d. (Commen	ts
	ide city, state, & z	zip)		SALES				
10	ELEWIS					4		
	CEAN HWY EA	ST			r's Name/Specific Field	-		
SUPPL	Y, NC 28462			SELF EM	PLOYED	e. F	lection 5	Sum to Date
						\$		200.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind De	scription	j. Date (mm/dd/yyyy)	k. Amou	ınt
	SYKES3	Check			11/21/2015		\$	200.00
							\$	
							\$	
3. Cont	ributor Informati	on		Add 🗆	Remove	Note		
	lame, Mailing Ad			b. Job Title	Profession Profession	d. C	ommen	ts
(inclu	de city, state, & z	ip)		RESTAUR	ANT OWNER			
	NA LEWIS					1		
	WE STREET				's Name/Specific Field	4		
	IPORT, NC 284	161		LOCALS	FAMILY DINING	- E	laction 6	um to Date
(910) 4	57-0444						rection 8	um to Date
						\$		75.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind De:	scription	j. Date (mm/dd/yyyy		k. Amou	nt
	SYKES3	In-Kind	SLAW FOR I	3BQ	11/21/2015		\$	75.00
			1-44				\$	
							\$	
	ibutor Informati			Add 🔲 I	Remove			
	ame, Mailing Add			b. Job Title/	Profession	d. C	omment	8
	de city, state, & z	ip)		RETIRE				
	LONG			a Frankasa	's Name/Specific Field	-		
P O BO	INA BEACH, N	IC 20420				1		
CAROL	INA BEACH, N	NC 20420		SELF EMI		e. E	lection S	um to Date
				CONSTRU	CHON	\$		300.00
. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	,	k. Amou	nt
	SYKES3	Check			11/21/2015		\$	300.00
							\$	V 124
	***						\$	
1 Tota	l only this Pa	TA .				\$		575.00
		O-1210 Pages				Þ		373.00
		O-1210 Pages 6 of Detailed Summary I	Page CRO-1100)			\$		9,600.00

Amendment

		rom Individual	_		Pg 10 of 19	<u> </u>	Amend Yes	No No
Use th	is form to report i	ndividual contribution	is over \$50 or o	ontribution	s under \$50 if form CRO	-		
		e <mark>(and Fund if applical</mark> ECT PATRICIA SYK				2.	ID Numl	ber
COIVI	WILLEE TO ELI	ECT PATRICIA SYK	ES					
3. Cor	tributor Informa	tion		Add 🗆	Remove			rojetký je liko
	Name, Mailing Ac		200.6	b. Job Title	e/Profession	d. (Commen	its
	ude city, state, &	zip)		ACCOUN	ITANT	T		
	ORA A MANN ROBERT RUAR	V DD		c Employe	r's Name/Specific Field	4		
	THPORT, NC 28				IPLOYED			
				SELI LIV	II LOTED	e. I	Dection !	Sum to Date
						\$		150.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind De:	scription	j. Date (mm/dd/yyyy	Ľ	k. Amo	
X	SYKES3	Check		octipiton -		<u>, </u>	1	
					10/28/2014		\$	50.00
	SYKES3	Check			10/29/2015	15 \$		100.00
							\$	
3. Con	tributor Informat	ion		Add 🗖	Remove	2015		A MARINES
	Name, Mailing Ad			A differ	/Profession	d. (Commen	ts
	ude city, state, & z			REAL EST	ГАТЕ		-	
	ARD MARSHAL			a Employe	-t- Ni			
	AIL HOLLOW I SLAND, NC 28				r's Name/Specific Field	-		
Onic	SEAND, NC 28	403		OAK ISL	AND MODATION	e. F	lection S	Sum to Date
				ACCOMIN	MODATION	\$		
Prior	a Account Code	h. Form of Payment	T. 1. 12. 1 D	<u> </u>	T. 5			100.00
	SYKES3	Check	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	k. Amou	int
	31KLS3	S.I.O.			10/30/2015		\$	100.00
							\$	
							\$	
	ributor Informati		nsss Tolk	Add 🔲	Remove			STREET, STREET
	ame, Mailing Add			b. Job Title	/Profession	d. C	Comment	is
	de city, state, & z	1p)		BUSINESS	SOWNER			
	Y MARTIN OUTHPORT SU	PPI V RD SF		c. Employer	's Name/Specific Field	1		
	IA, NC 28422	ITET RD SE		ACN		1		
	53-5193					e. E	lection S	um to Date
						\$		100.00
Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	<u>cription</u>	j. Date (mm/dd/yyyy)		k. Amou	nt
	SYKES3	Cash			11/18/2015		\$	50.00
	SYKES3	Cash		-	11/21/2015		\$	50.00
							\$	
. Tota	l only this Pa	ge	不是有為不够有			\$	-	300.00
	of ALL CRO							
		6 of Detailed Summary P	age CRO-1100)			\$		9,600.00

		rom Individual			Pg 11 of 19	_	Yes	
_		ndividual contribution e (and Fund if applica		ontributions	under \$50 if form CRO		THE PERSON NAMED IN	
		e (and rund it applica ECT PATRICIA SYK				12.	ID Num	ber
COM	WITTEL TO LLI	Del l'Almeia blik	LS					
	tributor Informat			Add 🔲	Remove			
	Name, Mailing Ad			b. Job Title	Profession	d.	Commen	its
	ude city, state, &	zip)			DENT BUSINESS			
	IARTIN SOUTHPORT SU	IDDI V DIN CE		C. Employer	's Name/Specific Field	4		
	VIA, NC 28422	DEFET KD 3E		ACNDIRE		1		
	253-5193			1.10.12110		e.	Dection	Sum to Date
						\$		300.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind De	Lscription	j. Date (mm/dd/yyyy	1	Tk. Amo	unt
	SYKES3	Check		•	08/14/2015			200.00
					06/14/2013		\$	200.00
	SYKES3	Cash			11/18/2015		\$	50.00
	SYKES3	Cash			11/21/2015		\$	50.00
3. Cont	ributor Informat	ion		Add 🔲 I	Remove			
	Name, Mailing Ad			b. Job Title/		d. 4	Commen	its
	ide city, state, & z	ip)		RETIRED		T		
	D MATTHEWS			a Employer	's Name/Specific Field	4		
415 TROTT STREET OAK ISLAND, NC 28465				ENGINEE		4		
	278-3760	403		ENGINEE	K	e. 1	Election !	Sum to Date
` ′						\$		250.00
f Dalon	g. Account Code	I. C	T. T. 12. 15	<u> </u>	T. S	<u> </u>		
	SYKES3	h. Form of Payment Check	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	k. Amoi	vat
	STRESS	Check			11/03/2015		\$	250.00
							\$	
							\$	- 1111
3. Conti	ributor Informati	on		Add 🔲 F	Remove	WIE -	auvers	
	lame, Mailing Ad			b. Job Title/	Profession	d. (Commen	ts
	de city, state, & z	ip)	***	STEAMST	RESS			
LINDA	MAY IARSH GROVE	LANIE		c Employer	s Name/Specific Field	1		
	HPORT, NC 284			SELF EMP		1		
	57-5511			SEET LIVIT	LOTLD	e. I	Dection !	Sum to Date
						\$		200.00
. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amot	ınt
	SYKES3	Check			11/05/2015		\$	100.00
							\$	
						155	\$	
l. Tota	al only this Pa	ge				\$		650.00
		O-1210 Pages						
						•		0.600.00

(This line must be on line 6 of Detailed Summary Page CRO-1100)

		rom Individual			Pg 12 of 19	9	Amendmer Yes	X No
Use th	is form to report i	ndividual contribution	ns over \$50 or o	contribution	s under \$50 if form CRO	200		
		e (and Fund if applica		and the second		2.	ID Number	
COIVI	MILLEE TO ELL	ECT PATRICIA SYK	.ES					
	tributor Informat			Add 🗆	Remove			
	Name, Mailing Ad			1 115	e/Profession	d. (Comments	
	ude city, state, &			RETIRED)			
	NETH MAYNOR			- Employe	er's Nume/Specific Field			
	NDIGO VILLAGI HPORT, NC 28			RETIREI		-		
500.	III OKI, INC 20	+01		KETIKEL)	e.	Dection Sum	to Date
a Date	T	T				\$		100.00
-		h. Form of Payment	i. In-Kind De	scription	j. Date (mm/dd/yyyy)	k. Amount	
	SYKES3	Check			12/05/2015		\$	100.00
							\$	
							\$	
	ributor Informati			Add 🗆	Remove		SEMINAN MARK	
	Name, Mailing Ad			17.7	/Profession	d. C	Comments	
	ide city, state, & z	ip)		UNK				
	AEL MONSEN							
	OX 7115	310 00400			r's Name/Specific Field			
UCEA	N ISLE BEACH,	NC 28469		UNK			Dection Sum	to Data
							Action ones	
				776		\$		100.00
f. Prior		h. Form of Payment	i. In-Kind Des	scription	j. Date (mm/dd/yyyy)	k. Amount	
	SYKES3	Check			11/06/2015		\$	100.00
							\$	
							\$	
	ributor Informati			Add 🔲	Remove			
	ame, Mailing Add			b. Job Title	/Profession	d. C	Comments	
	de city, state, & zi	ip)		ADVERTI	SEMENT		I O William Short and the same of the same	
	NNA MUNNA ATOR LANE SV	17		- Employer	r's Name/Specific Field	-		
	Y, NC 28462	V				-		
	1,110 20402			THE SIGN	N SHOPPE	e. D	lection Sum	to Date
								-
B) 1						\$		250.00
		h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	SYKES3	Check			11/18/2015		\$	250.00
							\$	
							\$	
	only this Pag					\$		450.00
	of ALL CR(ne must be on line (D-1210 Pages 6 of Detailed Summary P	Page CRO-1100)			\$		9,600.00

		from Individual			Pg 13 of 19		Amend Yes	s 🔀 No
		individual contribution ie (and Fund if applical		ontributions	s under \$50 if form CRO	profit CAD		and the same of th
		ECT PATRICIA SYK				2.1	ID Num	ber
	tributor Informat Name, Mailing Ad			1261.7	Remove Profession	1. (N. Carlo	
	ude city, state, & z			ENGINEE		d. C	Commei	Ats
	AEL NORTON							
UNK					r's Name/Specific Field			
SHALI	LOTTE, NC			SELF EM	PLOYED	-	"tion	Sum to Date
							Jecno	
- D	T	1, 5, 25	17 12			\$		100.00
		h. Form of Payment Cash	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	k. Amo	unt
	SYKES3	Cash			11/17/2015		\$	50.00
	SYKES3	Casn			11/18/2015		\$	50.00
							\$	
	ributor Informati			Add 🔲 I	Remove		19/15/2	
	Name, Mailing Ado			b. Job Title/		d. C	ommen	its
	ide city, state, & z	rib)		RETIRED				
	AM UWENS OBERT RUARK	K DRIVE		c. Employer	r's Name/Specific Field	-		
	HPORT, NC 284			RAILROA		1		
	57-9488					e. El	lection	Sum to Date
						\$		100.00
. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	cription	j. Date (mm/dd/yyyy)	,]	k. Amo	unt
	SYKES3	Check			11/03/2015		\$	100.00
				-1 11 11 11 11			\$	
							\$	
	ributor Informatio			Add 🔲 F	Remove			CATER
	ame, Mailing Add			b. Job Title/	Profession	d. C	om men	ts
	de city, state, & zi	ip)		RETIRED				VI MASS
	PALMER ETTY CT			c. Employer	's Name/Specific Field	-		
	IPORT, NC 284	161						
						e. El	ection !	Sum to Date
						\$		130.00
Prior g		h. Form of Payment	i. In-Kind Desc	eription	j. Date (mm/dd/yyyy)	Ţ	k. Amou	ant
	SYKES3	Check			11/04/2015		\$	130.00
							\$	
							\$	
. Tota	l only this Pag	ge			English Carry	\$		330.00
. Total	of ALL CRO	O-1210 Pages	272 1140			\$		9,600.00
(I 1112) EFF	te musi be on tine v	6 of Detailed Summary F	rage CKO-1100)			1		,,•

Amendment **Contributions from Individuals** Pg 14 of 19 ☐ Yes X No Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 1. Committee Full Name (and Fund if applicable) 2. ID Number COMMITTEE TO ELECT PATRICIA SYKES 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Htte/Profession d. Comments (include city, state, & zip) RETIRED DEWEY PROCTOR c. Employer's Name/Specific Field 6004 ROBERT RUARK DRIVE SOUTHPORT, NC 28461 MANAGER (910) 457-5437 e. Bection Sum to Date 100.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check SYKES3 12/04/2015 \$ 100.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone h. Job Title/Profession d. Comments (include city, state, & zip) **RETIRED** VIRGINIA QUAGLIA c. Employer's Name/Specific Field 6609 SPENCER PLACE OCEAN ISLE BEACH, NC 28469 MANAGER e. Election Sum to Date

	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy) k. Amou	int		
	SYKES3	Check		10/29/2015	\$	280.00		
					\$			
					\$			
	ributor Informati		☐ Add ☐	Remove				
	Vame, Mailing Add		b. Job Title	/Profession	d. Commen	ls		
	ide city, state, & z	ip)	CERTIFIE	CERTIFIED APPRAISER				
	IOND REAL							
	RGONNE ROAD		c. Employe	r's Name/Specific Field				
	HPORT, NC 284	61	COASTA	L APPRAISAL	e. Hection Sum to Date			
(910) 8	45-2500		SERVICE	ES	e. Dection S	um to Date		
					\$	125.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy	k. Amou	nt		
	SYKES3	Check		10/28/2015	\$	25.00		
0	SYKES3	Cash		10/28/2015 11/20/2015	\$	25.00 50.00		

5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

\$

280.00

Con	tributions fr	rom Individuals	S		Pg 15 of 19		Amenda Yes	
				ontributions	under \$50 if form CRO		is not u	sed
		(and Fund if applicab				2.	D Numb	er
COM	MITTEE TO ELE	CT PATRICIA SYKI	ES					
	tributor Informati			Add 🔲	Remove			
	Name, Mailing Ad			b. Job litle	/Profession	d. 6	Commen	ts
	ude city, state, & z	:ip)		RETIRED				
	. RHODES CAPTAIN ADKIN	NC DD		c Employee	r's Name/Specific Field	4		
	HPORT, NC 284			ENGINE		-		
	,			ENGINEE		e. I	Dection S	Sum to Date
						\$		200.00
f. Prior	g. Account Code	h. Form of Payment	i. in-Kind Des	cription	j. Date (mm/dd/yyyy		k. Amor	
	SYKES3	Check			11/06/2015	_		
					11/00/2015		\$	100.00
							\$	
							\$	(2)
	ributor Informati			Wind 1997	Remove			
	lame, Mailing Add			b. Job Title/		d. C	ommen	is
MICHA 1408 N	de city, state, & zi AEL RHYNE I. HOWE STREE	T		MOTORCA c. Employer	's Name/Specific Field			
	HPORT, NC 284 54-7100	61		SOUTHPO	ORT MOTORCARS	1	andian G	ium to Date
(210) 7	34-7100					-	le cuon 5	
						\$		310.00
	***************************************		i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amou	nt
	SYKES3	Cash			10/20/2015		\$	50.00
	SYKES3	Cash			11/21/2015		\$	10.00
							\$	
	ibutor Informatio			Add 🔲 F	Remove			For Whates
	ame, Mailing Add			b. Job Title/	Profession	d. C	omment	8
	de city, state, & zi	p)		RETIRED				
	ROBERTSON OLLING RUN R	D		c Employer	's Name/Specific Field	-		
	IPORT, NC 2846			UNKNOW				
	2010	7. 0502		UNKNOW		e. E	ection S	um to Date
						\$		100.00
. Prior	g. Account Code		i. In-Kind Desc	ription	j. Date (mm/dd/yyyy)		k. Amou	nt
X	SYKES3	Check			10/24/2014		\$	50.00
	SYKES3	Check			11/04/2015		\$	50.00
					V.11122		\$	

4. Total only this Page

210.00

\$

- 573		om Individuals			Pg			Amenda Yes	■ No
CONTRACTOR		dividual contribution		ontributi	ions ur	nder \$50 if form CRO	-		
-		(and Fund if applicab					2.	ID Numb	er
COMN	MITTEE TO ELE	CT PATRICIA SYKI	ES						
3 Cont	ributor Informati	on		Add	☐ Re	move			
	Name, Mailing Ad		ACTIVITY RESPECT		104	rofession	d. 0	Commen	ts
	de city, state, & z			HOME			1		
	Y SCHEETZ			TIONIL	2 IAIVIZ	LIK			
	BAY STREET			c. Empl	oyer's	Name/Specific Field			
SOUT	HPORT, NC 284	61		HOMI	EMAK	ER	_		
(910) 4	157-0224						e.	Dection !	Sum to Date
							\$		150.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind De	scrintion		j. Date (mm/dd/yyyy)		k. Amo	unt
	SYKES3	Cash		· · · · · ·		 	-	<u> </u>	
	S I KLOS					12/08/2015		\$	50.00
	SYKES3	Cash				12/09/2015		\$	50.00
	SYKES3	Cash				12/10/2015		\$	50.00
3. Cont	ributor Informati	on		Add	☐ Re	move		e procession del	
a. Full !	Name, Mailing Ad	dress & Phone		b. Job	litle/Pr	ofession	d. c	Commen	ts
(inclu	ide city, state, & z	ip)		DENT	IST				
KURT	SCHEETZ								
314 E.	BAY STREET			c Empl	oyer's	Name/Specific Field			
	HPORT, NC 284	61		SELF	EMPL	OYED		[]4 ² (Sum to Date
(910) 4	157-0224						e. 1	election (sum to Date
							\$		150.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind De	scription		j. Date (mm/dd/yyyy)		k. Amo	unt
	SYKES3	Cash				12/08/2015		\$	50.00
	SYKES3	Cash				12/09/2015		\$	50.00
	SYKES3	Cash				12/10/2015		\$	50.00
3. Cont	ributor Informati	on .		Add	☐ Re	move			
	iame, Mailing Add		Char	b. Job T	litle/Pr	ofession	d. (Commen	ts
(inclu	ide city, state, & z	ip)		RETIR	ED				
	NY SCOTT								
	W 6TH STREET					Name/Specific Field	-		
OAK I	SLAND, NC 284	165		PAIN	TER SI	ELF EMPLOYED		Hastian !	Sum to Date
								election :	sum to Date
							\$		130.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind De	scription	11 7/15	j. Date (mm/dd/yyyy)		k. Amo	unt
	SYKES3	Check				11/09/2015		\$	130.00
								\$	

4. Total only this Page

5. Total of ALL CRO-1210 Pages

430.00

\$

\$

Con	tributions fr	om Individual	S		Pg 17 of 19		mendm Yes	ent No
			-		under \$50 if form CRO	***		THE RESERVE THE RESERVE AND ADDRESS OF THE
erect land of the com-	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED	(and Fund if applicat		Brade Present			Numbe	
COM	MITTEE TO ELE	CT PATRICIA SYK	ES					
3. Cont	tributor Informati	ion		Add 🗆	Remove			
a. Full	Name, Mailing Ad	dress & Phone		b. Job Title	/Profession	d. Co	mments	
(incl	ude city, state, & z	ip)		RETIRED				
	E SHELTON					4		
	ROBERTA ROAI				r's Name/Specific Field	-		
	N ISLE BEACH, 579-7731	, NC 28469		ADM ASS	SISTANT	e. He	ction Su	um to Date
(310).	017-1131							200.00
						\$		200.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind De	scription	j. Date (mm/dd/yyyy) k	Amour	nt
	SYKES3	Check			11/01/2015		\$	100.00
							\$	
							\$	
3. Cont	ributor Informati	ion		Add 🔲	Remove	ona:	ed or 6	
	Name, Mailing Ad			b. Job Title		d. Co	m m e n ts	
(incl	ide city, state, & z	ip)		CUSTOM	ER SERVICE			
PATTI	SMITH					4		
	DIGO VILLAGI				's Name/Specific Field	-		
	HPORT, NC 284	161		STEWAR	T HARDWARE	e. Fle	ction Si	um to Date
(910) 3	363-4261							
						\$		75.00
. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	scription	j. Date (mm/dd/yyyy) k	. Amour	nt
	SYKES3	Cash			11/20/2015		\$	50.00
	SYKES3	Cash			11/21/2015		\$	25.00
							\$	
	ributor Informati				Remove		TO THE	ar Fall (Section
	Name, Mailing Ad			b. Job Title	Profession Profession	d. Co	m m e n ts	
	de city, state, & z	(p)		LAWYER				
	SMITHWICK EA BOURNE W	AV		c. Employer	's Name/Specific Field			
	EA BOURNE W ET BEACH, NC			SELF EMI		1		
001101	DI BEACH, NC	20400		SEEL CIVII	LOTED	e. De	ction St	um to Date
						\$		100.00
. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	scription	j. Date (mm/dd/yyyy	k	. Amour	nt
	SYKES3	Check			11/06/2015		\$	100.00
							\$	

4. Total only this Page

5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

275.00

\$

Contributions from Individuals

Pg 18 of 19 Yes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Broken and a second				Ontributions	under \$50 ii ionii eko	1000	-	- William
		(and Fund if applicable				2.	D Numl	er en
COMM	AITTEE TO ELE	CT PATRICIA SYKE	ES					
3 Cont	ributor Informati	on		Add 🔲	Remove			
	Name, Mailing Ad			b. Job litle		ld. C	Commen	ts
	ide city, state, & z			SUPERVIS		1		
	Y STANLEY		*****	JOOI ERVI	JOK			
	OBERT RUARK	DRIVE		c. Employer	's Name/Specific Field	1		
	HPORT, NC 284			DUKE EN	IERGY			
						e. E	lection	Sum to Date
						\$		215.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	scription	j. Date (mm/dd/yyyy)	k. Amo	unt
	SYKES3	Check			11/01/2015		\$	15.00
	GWEGO	Check					-	
	SYKES3	Circox			11/01/2015		\$	100.00
							\$	
2 Cont	ributor Informati			Add 🗖	Remove		Mosesta	
	lame, Mailing Add			b. Job Title		la c	ommen	ne vienice cin
	de city, state, & z					10. (Guine	163
		·P/			BRUNSWICK			
	STEADMAN ORELINE DRIV	E WEST		c. Employer	's Name/Specific Field	1		
	ET BEACH, NC			TRUSTEE		1		
SUNSE	ET BEACH, NC	20400		IKUSTEE		e. F	lection	Sum to Date
						\$		250.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	scription	j. Date (mm/dd/yyyy)	k. Amo	unt
	SYKES3	Check			11/23/2015		\$	250.00
							\$	
							\$	
3. Contr	ributor Informati	on the state of the state of	anne sense l'	Add 🔲	Remove			
	ame. Mailing Add			b. Job Title		ld. C	Commen	its
	de city, state, & z			RETIRED	FEDER AT	+		
PATRI	CIA SYKES	.		GOVERNI				
	AIRLEY STREE	Т		c. Employer	's Name/Specific Field	1		
	IPORT, NC 284			INTERNA	L REVENUE	L		
	57-0202			SERVICE		e. E	lection	Sum to Date
						\$		57.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	scription	j. Date (mm/dd/yyyy)	k. Amo	unt
X	SYKES3	Cash			12/17/2013		\$	5.00
X	SYKES3	Cash			06/04/2014		\$	7.00
X	SYKES3	Cash			09/09/2014		\$	20.00
4 Tota	al only this Pa	10				\$		365.00
						- D		
	al of ALL CRO	D-1210 Pages 6 of Detailed Summary 1	Page CRO-1100)	7		\$		9,600.00

Amendment

1. Committee Full Name (and Fund if applicable)				2.	IDN	umber		
Use this form to report individual contributions over \$50 or contributions	s unc	ler \$50	if for	n CRO 120	5 is n	ot used	j	Ī
Contributions from Individuals	Pg	<u> 19</u>	of	19		Yes	X	I

1. Com	mittee Full Name	(and Fund if applicabl	e)			2. ID Nun	nber	
COMN	MITTEE TO ELEC	CT PATRICIA SYKE	ES					
3. Cont	ributer Informatio	on		Add 🔲 I	Remove			
	Name, Mailing Add			b. Job litle/	Profession	d. Comme	nts	
(incl	ide city, state, & zi	p)		RETIRED	FEDERAL			
PATR	CIA SYKES			GOVERNI	MENT			
1002 F	AIRLEY STREE	Γ		c. Employer	's Name/Specific Field			
SOUT	HPORT, NC 2840	61		INTERNAL REVENUE				
(910) 4	57-0202			SERVICE		e. Election Sum to Date		
						\$	57.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy) k. Am	ount	
	SYKES3	Check			07/20/2015	\$	25.00	
						s		
				· · · · · · · · · · · · · · · · · · ·		\$		
	ributor Informatic lame, Mailing Add			Add	Remove	ld. Comme		
	ide city, state, & zi				nts			
	WARD	<u>P)</u>		FARMER-	SELF EMPLOYED			
	OBERT G WARI	D DRIVE SE		c. Employer	's Name/Specific Field	1		
	ABOW, NC 2847			FARMER				
					e. Bection	Sum to Date		
						\$	500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy) k. Am-	ount	
	SYKES3	Check			12/10/2015		500.00	
					12/10/2013	\$	500.00	
						\$		
						\$		
3. Conti	ributor Informatio	m		Add 🔲 F	Remove			
a. Full N	lame, Mailing Add	ress & Phone		b. Job Title/	Profession	d. Comme	nts	
	de city, state, & zi	p)		FUNERAL	SERVICE			
	RES WHITE			a Umplayari	's Name/Specific Field			
	RNPIKE ROAD							
	Y, NC 28462 42-9073			SELF EMF	LOYED	e. Election	Sum to Date	
(310) 6	42-9073	**************************************				S	780.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy			
	SYKES3	Check			11/03/2015		520.00	
	***				11/03/2013	\$	530.00	
						\$		
						\$		
	al only this Pag					\$	1,055.00	
	of ALL CRC	0-1210 Pages of Detailed Summary P	age CRO-1100)			\$	9,600.00	
			4			des		

Th:	l		
DIS	burs	eme	nts

				Amendm	ent
Pg	_1_	of	6	☐ Yes	X No

1. Committee Fr	all Name (and Fun	d if applicable)						2, ID No	ımber
COMMITTEE	TO ELECT PATI	RICIA SYKES							
3. Type of Disbu	rsement (Pleas	e use separate (CRO-1310	forms for each	ch tvo	e of Dishu	rseme	nt.)	
X Operating Exp		ntributions to Can							expenditures
4. Payee Inform	ation			Add 🗆	Rer	nove			
The same of the sa	ailing Address & I	Phone		b. Coordinat	111		am e	d. Com n	nents
(include city, sta									
3 CHEERS PAI									
4633 LONG BE				c. Level Regi	ste re c	(Specify)			
SOUTHPORT,				☐ Federal		County			
(910) 448-1002				☐ State		☐ Municip	ality:	e. Becti	on Sum to Date
								\$	602.14
f Account Code	g. Form of Paymer	t h. Purpose C	ade li Duto	(mm m /dd/sys sys	J. A		lı Da	quired R	603.14
SYKES3	Debit Card	С			_				
51 KE55	Debit Card		10	0/27/2015	\$	105.00			ISE MONEY -
SYKES3	Debit Card	С	11	1/23/2015	\$	498.14	TEN	t; †&Bt	E, CHAIRS
4. Payee Informa				Add 🔲		nove			
a. Full Name, Ma	illing Address & F	hone		b. Coordinate	d Co	mmittee N	am e	d. Com n	rents
(include city, stat	te, & zip)								
RODNEY AXS	OM								
210 COUNTRY	CLUB DRIVE			c. Level Regis	stered				
OAK ISLAND,	NC 28465			☐ Federal		County:			
(910) 805-3548				☐ State	TOTAL S	Municip	ality:	e. Dectie	on Sum to Date
								\$	300.00
f. Account Code	g. Form of Paymen	t h. Purpose Co	ode i. Date	(mm/dd/yyyy)	j. Ai	nount	k. Re	quired R	
SYKES3	Check	С		/24/2015	\$	300.00		IC AND	
					\$				
4. Payee Informs					_				
	iling Address & P		The same of	Add b. Coordinate	Ren			1.0	SERVICE SHOULD SERVICE
		none		b. Coordinate	aco	mmittee Na	ıme	d. Comm	ents
(include city, stat	e, or zip)								
BRANDALL				c. Level Regis	torod	(Specify)			
P O BOX 10427				Federal		County:			
3846 GEORGE SOUTHPORT, 1				State				e Hectic	on Sum to Date
(910) 457-5117	NC 28401					- Walitop	unity.	c. gettit	III TO DATE
(210) 437-3117								\$	960.75
f. Account Code	g. Form of Paymen	t h. Purpose Co	ode i. Date	(mm/dd/yyyy)	j. Aı	nount	k. Re	quired Ro	emarks
SYKES3	Check	В	12	/09/2015	\$	500.00	SIGN	IS 4 X 8	
SYKES3	Debit Card	В	12	/21/2015	\$	460.75	SIGN	IS	
5. Total only this	Page							\$	1,863.89
5. Total of ALL C	CRO-1310 Pages					SVERE	500		-,
	line 13a of Detailed	Summary Page ('RO.1100 if	On <i>eratina</i> Fyne	nege)				
	line 13b of Detailed					/Political C	2 200 200 }	\$	5,910.29
(This line goes in	line 13c of Detailed	Summary Page C	RO-1100 if	Coordinated Pa	rty Ex	penditures)	,,,,,,		
. Purpose Co	des (List detaile	d expenditure co	ode in (h.) a	bove)					
A* - Media	B* - Printi			ındraising		D-To	Anoth	er Candi	date
E - Salaries	F* - Equip			itical Party					Office Expenses
- Postage	J - Penalt			ffice Expense	s		_		al Expense Fund
O* Other								-	
* Codes require	detailed explanati	on in required	remarks fi	eld(k)	Phone		Ballie.		STERRING

100									
D	10	e h	11	PC	Δ	m	Δ	nt	•
	ш	SIL		13			v	114	.3

De 2 of 6 D vos MN					Amename	ent	
rg _ 2 or _ 0 Lifes Law iv	Pg	2_	of	6	☐ Yes	X	No

1. Committee Fu	II Name (and Fund	fapplicable)	Totale)					2. ID Nui	nber
COMMITTEE	TO ELECT PATRI	CIA SYKES							
3. Type of Disbu	rsement (Please)	use separate CRC	1310	forms for each	14	e of Disbu	rseme	nt,)	
Operating Exp	enses Cont	ributions to Candidat	es/Polit	ical Committees		Coc	rdinat	ed Party Ex	penditures
4. Payee Informa	ntion			Add 🗆	Re	move			
a. Full Name, Ma	iling Address & Pho	one		b. Coordinate	d Č	mmittee Na	me	d. Comm	ents
(include city, stat	te, & zip)								
BRUNSWICK (COUNTY BOARD	OF ELECTION							
BUILDING H7	5 STAMP ACT DR	UVE		c. Level Regis	te re				
BOLIVIA, NC	28422			Federal		County:		a Mantin	n Sum to Date
(910) 253-2620				State		wrunterp	anty.	e. Mettio	oum to Date
								\$	224.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. A	mount	k. Re	quired Re	marks
SYKES3	Check	Н	-	2/07/2015	\$	224.00	FILI	NG FEE	
OTREGS	Check	**		2/07/2015	\vdash				
					\$				
4. Payee Informa				The second secon		move			
a. Full Name, Ma	iling Address & Ph	one		b. Coordinate	d C	mmittee N	me	d. Comm	r n ts
(include city, stat	te, & zip)								
BRUNSWICK (4	4 (C == alfa)	-		
522 PRESERVE				c. Level Regis	tere	County:			
OCEAN ISLE B	EACH, NC 28469			State				e Dectio	n Sum to Date
							unity.		
				Brunswick				\$	1,800.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. A	mount	k. Re	quired Re	marks
SYKES3	Check	G	0	8/01/2015	\$	1,000.00			
SYKES3	Check	GO	1	0/08/2015	\$	0.00	VOI	D CHECK	NEVER
0111200				0.00.20.0	_			ARED BA	2,000
4. Payee Informs	ntion			Add 🗆	Re	move			
	iling Address & Ph	one		b. Coordinate	d C	ommittee N	am e	d. Comm	ents
(include city, stat									
BRUNSWICK (COUNTY REPUBL	ICAN WOMEN							
P O BOX 10434				c. Level Regis					
SOUTHPORT,	NC 28461			☐ Federal		County		- 10	n Cum to Date
(910) 457-6898				State	_	☐ Municip	banty:	e. Electio	n Sum to Date
				Brunswick				\$	100.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/vyvy)	i. A	Amount	k. Re	quired Re	marks
SYKES3	Check	G		1/12/2015	\$	100.00			
0711000	Chook		-	1, 12, 2015	-				
				-	\$				
5. Total only this	Page							\$	1,324.00
6. Total of ALL	CRO-1310 Pages							10.00	
CHARLEST CONTRACTOR STATE	line 13a of Detailed S	Summary Page CRO	-1100 ij	f Operating Expe	nses)		s	5,910.29
	line 13b of Detailed S line 13c of Detailed S						Comm)	•	5,910.29
7. Purpose Co	des (List detailed	expenditure code	in (h.)	above)					
A* - Media	B* - Printir		1000	Fundraising		D-To	Anot	her Candi	date
E - Salaries	F* - Equipm	-		litical Party					ffice Expenses
I - Postage	J - Penaltie			Office Expense	8				l Expense Fund
O* Other									
* Codes require	detailed explanation	n in required ren	narks i	field (k)	1		17-17-1		

The				22 A
Dis	nui	rse	me	mis

				Am	e n dm	ent		
Pg	3	of	6		Yes	X	No	

1. Committee Fu	l Name (and Fund	if applicable)				2. ID Nu	nber
	O ELECT PATR						
2 T CDI	(Plage	uco congrato CD	0-1310 forms for eac	h type of Dishu	rsoma	nt)	APPROXIMATION OF THE
3. Type of Disbut Operating Expe			tes/Political Committees				penditures
The second secon		iti loutions to Cultural	□ Add □	Remove	SHANNING		
4. Payee Informa	non iling Address & P	hono	A STATE OF THE PARTY OF THE PAR	d Committee N	a m e	d, Comm	ents
		none	b. Coordinate	d Committee in		u, comm	
(include city, stat							
JOHN DISMUK			c. Level Regis	stered (Specify)			
4166 BREEZEW SUITE 204	OOD DRIVE		☐ Federal	County			
WILMINGTON.	NC 28412		☐ State	☐ Municip	ality:	e. Hectio	n Sum to Date
WILMINGTON	, 110 20412			***		\$	100.00
				192			
f. Account Code	g. Form of Paymen	t h. Purpose Code	i. Date (mm/dd/yyyy	j. Amount	k. Re	quired Re	marks
SYKES3	Check	0	11/24/2015	\$ 100.00	MA	NAGEME	ENT OF
				\$	FAC	EBOOK	AND
4 D 1 C		Control of the second	□ Add □	Remove		near the Key	
4. Payee Informa	iling Address & P	hone		ed Committee N	a m e	d. Comm	ents
		none	D. Coordinate	o Committee N	-	u. Comm	
(include city, stat		AL FOLDIDATIO					
924 N HOWE S		AL FOUNDATIO	c. Level Regi	stered (Specify)			
SOUTHPORT, 1			☐ Federal	County			
(910) 457-3850	VC 20401		☐ State	☐ Municip	ality:	e. Dectio	n Sum to Date
(510) 457-3030						\$	120.00
		190				and the second	
f. Account Code	g. Form of Paymen	t h. Purpose Code	i. Date (mm/dd/yyyy		-	quired Re	
SYKES3	Check	0	08/05/2015	\$ 120.00	SPO	NSORSH	IIP
				\$			
A Davis Informs		pod právoje kora je svoje ko	D Add D	Remove			
4. Payee Informa	iling Address & P	hona	Programme and the second secon	ed Committee N	am e	d. Comm	ents
(include city, stat		none	D. Collulati	tu committee :			
PIGGLY WIGG							
112 A VILLAGI			c. Level Regi	stered (Specify)			
LELAND, NC 2			☐ Federal	☐ County			
(910) 371-2696	.0431		☐ State	☐ Munici	pality:	e. Electio	n Sum to Date
(>10)5/120/0						\$	449.03
	a distriction of the second					<u> </u>	
f. Account Code	g. Form of Paymen	t h. Purpose Code	i. Date (mm/dd/yyyy			quired Re	marks
SYKES3	Debit Card	C	11/20/2015	\$ 449.03	FOC	D - PIG	
				\$			
f. Total outs this	Dogg Street	As one sense to the se				\$	669.03
5. Total only this						Ψ	007.03
6. Total of ALL (STATE OF STREET						
			0-1100 if Operating Exp		~ \	\$	5,910.29
			0-1100 if Contrib to Can 0-1100 if Coordinated P				40
		d expenditure cod	AND THE PROPERTY OF THE PARTY O			0.10	** CLEVENER WILLIAM
A* - Media	B* - Print		C* - Fundraising	D. To	Anot	her Cand	idate
E - Salaries	F* - Equip		G - Political Party				Office Expenses
I - Postage	J - Penalt		K* - Office Expens			The state of the s	al Expense Fund
O* Other	J - I Chan		22 Office Expens	~			
	detailed explanat	ion in required re	marks field(k)	我 对		S 17/1/20 VII	
	The state of the s			THE RESERVE OF THE PERSON NAMED IN		-	

D		h		BOCI	^	-	_	-	to	
	S	n	u	ГS	e	т	e	ш	LS	

				Amendme	ent	
Pg	4	of	6	☐ Yes	X No	

1. Committee Fu	li Name (and Fun	difapplicable)	7000					2. ID Nui	nber	
	O ELECT PATE									
3. Type of Disbut	rsement (Pleas	e use separate (CRO-1310 for	rnis for eac	h typ	e of Disbui	rseme	nt.)		
Operating Expe		ntributions to Can	didates/Political	Committee	S	☐ Coo	rdinate	ed Party Ex	penditur	es
4. Payee Informa	tion		□ A	dd 🔲	Rem	ove		District Control		
	iling Address & F	hone	b.	Coordinate	ed Co	nmittee Na	me	d. Comm	e n ts	
(include city, stat										
REID KEYES (I										
1811 RAEFORE			c.	Level Regi:	stered					
SOUTHPORT, 1	NC 28461			Federal		County:				
(910) 454-7433			L	State		Municip	ality:	e. Bectio	n Sum t	o Date
								\$		885.99
f. Account Code	g. Form of Paymen	t h. Purpose Co		nm/dd/yyyy	_			quired Re		
SYKES3	Check	0	12/2	3/2015	\$	885.99	BUII	LDING S	IGNS 4	X 8
					\$					
4. Payee Informa	tion		□ A	dd 🔲	Ren	nove				
	iling Address & F	hone	ASSESSED AND ADDRESSED ADDRESSED AND ADDRESSED ADDRESSED AND ADDRESSED A	Coordinate	ed Co	mmittee Na	am e	d. Comm	e n ts	
(include city, stat							-0-2		***211	
SAMS CLUB										
COLLEGE ROA	\D		c.	Level Regi	ste re d					
WILMINGTON	, NC 28401		15	Federal		County:				
(910) 392-2995			<u> </u>	State		Municip	ality:	e. Dectio	n Sum (o Date
								\$		249.57
f. Account Code	g. Form of Paymer	t h. Purpose Co	ode i. Date (n	n m /dd/yyyy) j. Aı	nount	k. Re	quired Re	marks	
SYKES3	Check	С	11/1	7/2015	\$	249.57	PLA	TES, WA	TER,	
					\$	· · · · · · · · · · · · · · · · · · ·	DRI	NKS, BE	ANS, E	TC
1.0		DENOTE AND ADDRESS OF THE		dd 🗖	Dan	nove		Eccession 237	WWW.	
4. Payee Informs		No a u a	Appendix .	Coordinate			a m e	d. Comm	ents	
	iling Address & I	Tione	0.	Coordinate	- Cu Cu			u. comm		
(include city, stat										
THE PRINT SH	BEACH ROAD, S	IUTE 2	c.	Level Regi	stered	(Specify)				
SHALLOTTE, N		OHES	10	Federal		County:	1207			
(910) 755-6151	10 20470		[State		Municip	ality:	e. Electio	n Sum	to Date
(510) 100 0101								\$		393.91
f. Account Code	g. Form of Paymer	nt h. Purpose C	ode i. Date (r	n m /dd/yyyy) j. A	mount	k. Re	quired Re	marks	
SYKES3	Debit Card	В		22/2015	\$	272.21	INV	ITATION	IS,	- Illion (
SYKES3	Debit Card	В		20/2015	\$	121.70		ELOPES DS		
		B	11/2	.0/2015		121.70	CAIR	\$	_	,529.47
5. Total only this								Ф		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(This line goes in (This line goes in	CRO-1310 Pages line 13a of Detaile line 13b of Detaile	d Summary Page	CRO-1100 if C	ontrib to Can	didate	s/Political C	Comm)	\$	5	5,910.29
Periodic State of the latest and the	line 13c of Detailed			Territory and the second	arty E	(penditures)				
	des (List detaile									
A* - Media	B* - Prin	make a second transfer of the second of		draising				her Candi		
E - Salaries	F* - Equip			ical Party			-	Public C		_
I - Postage	J - Penal	ties	K* - Off	ice Expens	es	Q* - D	onatio	on to Lega	al Exper	ise Fund
O* Other			SOLUTION CONT.		5000000				STEEN STATE	DANKE OF THE PARTY
* Codes require	detailed explana	tion in required	remarks fie	d(k)	Shiden.	TEATH NAME OF	6923	To the last of		

Dis	him	re o I	mai	nte
LU IS	Dui	Sel	ШЧ	III

				Amendment			
Pg	5	of	_6_	☐ Yes	X No		

1. Committee Fu	II Name (and Fund	lifapplicable)					2. ID Numl	ber
	TO ELECT PATR						re-re-walk-stream	
2 Tomo of Dishard	roomant (Place	e use separate CR(2-1310 forms for a	each type	of Dishu	rseme	nt.)	
3. Type of Disbut Operating Expe		tributions to Candida	tes/Political Commit	ees	Coc	rdinat	ed Party Exp	enditures
			☐ Add ☐	Remo	_		NAME OF THE OWNER.	
4. Payee Informa	ition iling Address & P	hone	b. Coordin	n	S. C. S.	am e	d. Commen	ts
		HOHE	D. Couldin					
(include city, stat	A STATE OF THE PART OF THE PAR							
THE STATE PO			c. Level Re	gistered	(Specify)			
MOORE STREE SOUTHPORT, I			☐ Federal		County:			
(910) 457-0954	NC 20401		☐ State		Municip	ality:	e. Election	Sum to Date
(710) 437-0734							s	85.00
f. Account Code	g. Form of Paymen	t h. Purpose Code	i. Date (mm/dd/yy	yy) j. Am	ount	k. Re	quired Rem	arks
SYKES3	Debit Card	Α	11/09/2015	\$	85.00	AD	FOR BBQ	
				\$				
4. Payee Informa	ition		□ Add □	Remo				
	iling Address & F	hone	b. Coordin	ated Con	mittee N	ame	d. Comme	ıts
(include city, stat								
mitteen company of the company of th	ES POSTAL SER	VICE	765-7-75					
206 E NASH ST			c. Level Re					
SOUTHPORT,			☐ Federal	Į.	County			
(910) 457-4633			☐ State	L	Municip	pality:	e. Election	Sum to Date
							\$	98.00
f. Account Code	g. Form of Paymer	t h. Purpose Code	i. Date (mm/dd/yy	yy) j. Am	ount	k. Re	quired Rem	arks
SYKES3	Debit Card	I	10/26/2015	\$	98.00			
	******		1	\$				
4. Payee Informs	ation		□ Add □	Rem	ove			
	iling Address & F	Phone	b. Coordin	The second second	The state of the s	am e	d. Comme	nts
(include city, stat		none					 	
VICTORY STO								
5200 SW 30TH			c. Level Re	egistered	(Specify)		1	
DAVENPORT,			☐ Federal		County	:		
(888) 968-2688	11 02002		☐ State		_ Munici	pality:	e. Bection	Sum to Date
(000) / 00 = 000							\$	206.70
6 Assert C-4 I	a Roum of Passer	t h. Purpose Code	i. Date (mm/dd/y)	(vv) i An	ount	k. Re	equired Ren	
	g. Form of Paymer		11/11/2015	\$	206.70	+	GNETIC S	
SYKES3	Debit Card	В	11/11/2015		200.70	IVIA	OHETIC 3	10140
				\$		-		
5. Total only this	Page				The sheet		\$	389.70
	CRO-1310 Pages	d Summary Page CRO	O-1100 if Operating 1	Expenses)			\$	5,910.29
(This line goes in (This line goes in	n line 13b of Detaile n line 13c of Detaile	d Summary Page CRC d Summary Page CRC	O-1100 if Contrib to (O-1100 if Coordinate	Candidates d Party Ex	/Political (penditures,	Comm)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
7. Purpose Co	des (List detaile	ed expenditure code	e in (h.) above)					
A* - Media	B* - Prin		C* - Fundraisin	750			ther Candid	
			G - Political Party	olitical Party H* - Holding			g Public Office Expenses	
I - Postage	J - Penal	ties	K* - Office Expe	nses	Q* - I	Oonati	on to Legal	Expense Fund
O* Other				urene na man				
* Codes require	detailed explana	tion in required re	marks field (k)		HOLOS COLLA	32000		December 200

Disbursen									Amenda Yes	X	No
Use this form to committees and	report expenditures coordinated party ex	from the committee ependitures	ee for o	perating exper	ises,	contrib	utions	to ca	andidate/p	olitica	1
1. Committee F	ull Name (and Fund	if applicable)	Villey is		2.	2. ID Number					
COMMITTEE	TO ELECT PATRI	CIA SYKES									
3. Type of Disba		use separate CRO	-1310	forms for each	t type	of Dis.	burse	ment.	1		
Operating Exp	penses	ributions to Candidat	es/Polit	ical Committees			Coordi	nated	Party Expe	ıdit ure:	5
4. Payee Inform	ation			Add 🔲	Rem	ove					
a. Full Name, Ma	ailing Address & Ph	one		b. Coordinate	d Cor	n m i tte e	Name	d.	Comment	5	
(include city, sta	te, & zip)					78-1- 3 -	-12-20-23				
WALMART											
1675 NORTH HOWE STREET				c. Level Registered (Specify)							
SOUTHPORT,	NC 28461			Federal	Į	Coun	ty:		A 1 V 1999 1		
(910) 454-9909				☐ State ☐ Municipality					: e. Election Sum to Date		
								\$;	1	34.20
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. An	ount	k.	Re qu	ired Rema	rks	10000
SYKES3	Debit Card	0	1	1/30/2015	\$	134.2	0 C	AND	Y FOR PA	RAD	ES
			-016		\$						

C* - Fundraising

G - Political Party

NC State Board of Elections

K* - Office Expenses

\$

\$

D - To Another Candidate

H* - Holding Public Office Expenses

Q* - Donation to Legal Expense Fund

134.20

5,910.29

December 2009

5. Total only this Page

A* - Media

E - Salaries

I - Postage

O* Other

CRO-1310

6. Total of ALL CRO-1310 Pages

(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)

7. Purpose Codes (List detailed expenditure code in (h.) above)

* Codes require detailed explanation in required remarks field (k)

B* - Printing

J - Penalties

F* - Equipment

(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

In-Kind Contributions	Pg	1 of	1	Amendm Yes	ent No	
Use this form to report non-monetary contributuse CRO-1215 if In-Kind Contributions we			to the cor	nmittee or f	und.	
1. Committee Full Name (and Fund if appli	cable)		2. ID 1	Number		
COMMITTEE TO ELECT PATRICIA SY	YKES					
3. Contributor Information	☐ Add ☐ Ren	nove				
a. Full Name, Mailing Address & Phone	b. Type of Con	tributor	c. Con	Comments		
(include city, state, & zip)	■ Individual					
SHANNA LEWIS 832 HOWE STREET SOUTHPORT, NC 28461 (910) 457-0444	☐ Candidate ☐ Party ☐ PAC ☐ Referendum		d. Dec	d. Election Sum to Date		
(510) 437 0444	Other Recei	pt Source	\$		75.00	
e. Description		f. Date (mm/	dd/yyyy)	g. Fair M	arket Amount	
SLAW FOR BBQ		11/21/2015		\$	75.00	
				\$		
	4			\$		
4. Total only this Page			\$		75.00	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summ	nary Page CRO-1100)		\$	3,0411,222,0	75.00	
CRO-1510	NC State Board of Elections		The season		December 2007	